REQUEST FOR INFORMATION NEEDED TO RECONSTRUCT MEDICAL DATA

THE MEDICAL RECORD NEEDED TO ANSWER YOUR REQUEST IS NOT IN OUR FILES. IF THE RECORD WERE HERE ON JULY 12, 1973, IT WOULD HAVE BEEN IN THE AREA THAT SUFFERED THE MOST DAMAGE IN THE FIRE ON THAT DATE AND MAY HAVE BEEN DESTROYED. SOME MEDICAL RECORDS WERE TRANSFERRED TO THE VETERANS ADMINISTRATION BEFORE THE 1973 FIRE. THE VA WOULD HAVE OBTAINED THE RECORD TO PROCESS A CLAIM FOR BENEFITS BASED ON A SERVICE-CONNECTED INJURY OR ILLNESS, AND IF SO, THE RECORD SHOULD STILL BE AVAILABLE FROM THE VA. IF YOU BELIEVE THAT SUCH A CLAIM WAS FILED WITH THE VA BEFORE JULY 1973, YOU SHOULD REQUEST THE MEDICAL RECORD FROM YOUR NEAREST VA FACILITY.

IF THE MEDICAL RECORD WAS NOT TRANSFERRED TO THE VA, THERE ARE ALSO SOME ALTERNATE RECORD SOURCES AVAILABLE WHICH OFTEN CONTAIN INFORMATION CONCERNING ILLNESS OR INJURY WHILE IN THE MILITARY SERVICE. ONE LIMITED SOURCE OF SUCH INFORMATION PERTAINS TO TREATMENT RECEIVED AT ARMY HOSPITALS DURING SOME YEARS FROM 1942 THROUGH 1954. IF SUCH INFORMATION IS AVAILABLE ON THE PERSON NAMED IN THIS REQUEST, IT IS ATTACHED. IF SUCH INFORMATION IS NOT AVAILABLE, OR IT IS ATTACHED AND YOU FIND THAT IT DOES NOT MEET YOUR NEEDS, WE WILL ATTEMPT TO USE OTHER ALTERNATE SOURCES.

PLEASE NOTE, HOWEVER, THAT THESE OTHER ALTERNATE SOURCES USUALLY SHOW ONLY DATES OF HOSPITALIZATION OR TREATMENT AND RARELY SHOW DIAGNOSIS OR TREATMENT GIVEN. TO ENABLE US TO SEARCH THESE SECONDARY SOURCES, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW. WE NEED TO KNOW THE EXACT MONTH(S) AS WELL AS THE YEAR OF TREATMENT; THE YEAR ALONE IS NOT ENOUGH. IF YOU DON'T KNOW THE EXACT MONTH, THEN PLEASE TELL US THE APPROXIMATE TIME OF YEAR, SUCH AS "JUNE OR JULY" OR "SUMMER."

NAME OF PATIENT USED AT TIME OF TH	REATMENT		SERVICE #2.	SOCIAL SECURITY MO.	BRANCH OF SERVICE	
NATURE OF ILLNESS, INJURY OR TREATMENT	TREATMENT DATES FROM TO		ORGANIZATION TO WHICH ASS (Furnish specific organization assignments to include compa	a/ DISPENSAR	NAME AND LOCATION OF HOSPITAL, DISPENSARY OR MEDICAL FACILITY WHERE TREATED	
	(mo/yr)	(mo/yr)	battalion, regiment, etc.)			
						

TO PROVIDE THE INFORMATION REQUESTED WE MUST HAVE THE SIGNATURE OF THE PERSON WHOSE RECORDS ARE INVOLVED. IF THE PERSON IS DECEASED, THE NEXT OF KIN MUST SIGN AND INDICATE THE RELATIONSHIP. FOR RELEASE PURPOSES THE NEXT OF KIN IS DEFINED AS ANY OF THE FOLLOWING: UNREMARRIED WIDOW OR WIDOWER; SON OR DAUGHTER; FATHER OR MOTHER; BROTHER OR SISTER. IF THE PERSON IS LEGALLY INCOMPETENT, THE COURT-APPOINTED GUARDIAN MUST SIGN AND MUST FURNISH A COPY OF THE COURT ORDER ADJUDGING INCOMPETENCE AND APPOINTING THE GUARDIAN.

RELEASE AUTHORIZATION I HEREBY AUTHORIZE RELEASE OF THE REQUESTED INFORMATION/DOCUMENTS TO THE PERSON INDICATED AT RIGHT		Please type or print clearly— COMPLETE RETURN ADDRESS (yours or any other you prefer)		
		(name)		
VETERAN		(street number)		(apartment,
SIGN HERE		(city)	(state)	(zip code)
(If sig.	(If signed by other than veteran show relationship to veteran.)	TELEPHONE NO. (include area code) > ()		
		DATE		

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

AUTHORITY FOR COLLECTION OF THE INFORMATION IS 44 U.S.C. 2907 AND 3103, AND E. O. 9397, OF NOVEMBER 22, 1943. DISCLOSURE OF THE INFORMATION IS VOLUNTARY. THE PRINCIPAL PURPOSE OF THE INFORMATION IS TO ASSIST THE NATIONAL PERSONNEL RECORDS CENTER IN LOCATING AND VERIFYING THE CORRECTNESS OF THE REQUESTED RECORDS OR INFORMATION TO ANSWER YOUR INQUIRY. ROUTINE USES OF THE INFORMATION AS ESTABLISHED AND PUBLISHED IN ACCORDANCE WITH 5 U.S.C. 552A (E) (4) (D) INCLUDE THE TRANSFER OF RELEVANT INFORMATION TO APPROPRIATE FEDERAL STATE, LOCAL OR FOREIGN AGENCIES FOR USE IN CIVIL, CRIMINAL, OR REGULATORY INVESTIGATIONS OR PROSECUTION. IN ADDITION THIS FORM WILL BE FILED WITH THE APPROPRIATE MILITARY OR CIVILIAN RECORDS AND MAY BE TRANSFERRED ALONG WITH THE RECORD TO ANOTHER AGENCY IN ACCORDANCE WITH THE ROUTINE USES ESTABLISHED BY THE AGENCY WHICH MAINTAINS THE RECORD. IF THE REQUESTED INFORMATION IS NOT PROVIDED, IT MAY NOT BE POSSIBLE TO SERVICE YOUR INQUIRY.